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HONOLULU, HI 96821 09/16/2008 RmeBrah1 0000006 10687729 ⁻				Leighto	on K. C	hong	(Depositor's name)
01 FC:2501 720.00 OP				Sept 11 2008 (Signature)			
02 FC:1504 APPLICATION NO.			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/687,729	10/16/2003		Alvin Y. Kobashika		PGEN	L	4625
FITLE OF INVENTION: E		BLE STROKE DEVICI					
APPLN. TYPE	SMALL ENTITY .	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	JE FEE TOTA	AL FEE(S) DUE	DATE DUE
nonprovisional	YES	· \$720	\$300	\$0		\$1020	09/11/2008
EXAMINER ART UNIT			CLASS-SUBCLASS	·.			
GILBERT, SAMUEL G 3735			600-038000				
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1 XX "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Char 22) attached. tion (or "Fee Address"	(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent	the names of up to 3 registered patent attorneys gents OR, alternatively, the name of a single firm (having as a member a stered attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is ad, no name will be printed. Leighton K. Chong 2 3				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate	e assignee category or	categories (will not be p	rinted on the patent):	☐ Individual . ☐ C	Corporation or o	ther private grou	up entity Government
4a. The following fee(s) are XX Issue Fee XX Publication Fee (No: Advance Order - # o	small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. \$1,020 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
5. Change in Entity Status a. Applicant claims S	•	•	b. Applicant is no	longer claiming SMA	LL ENTITY st	atus. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and Finterest as shown by the rec	ublication Fee (if requ	ired) will not be accepte		an the applicant; a reg	gistered attorney	or agent; or the	e assignee or other party in
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Typed or printed name _	Leighton F	C. Chong	٠ 		No. <u>27,</u>	•	-
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